ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered No STANDARD CERTIFICATE OF BIRTH District or Township... (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 3. Sex of Child 4. Twin, triplet or other...... 1 To be answered ONLY 6. Legitimate? 7. Date in event of plural of birth 5. No., in order of birth ..... Month 14.3 MOTHER Full maiden name Lucia Las curain Full name 9. Residence 15. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 10. Color or race 16. Color or race Mexican Mus: in 11. Age at last birthday. 17. Age at last birthday..... 12. Birthplace (city or place)..... 18. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation Nature of industry Nature of industry 20. Number of children of this mother (a) Born alive and now living. 21. Were precautions taken against oph-(h) Born alive but now dead. thalmia neonatorum. (Taken as of time of birth of child herein certified and including this child). (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was. m. on the date above stated. (Born alive or stillborn) \* When there was no attending physician Signature... or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife); Given name added from a supplemental report ... Month, day, Registrar,

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